MAXIMUS Federal Services

Case Number:	CM15-0043885		
Date Assigned:	03/13/2015	Date of Injury:	03/21/2011
Decision Date:	04/23/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/09/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Pennsylvania
Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 62-year-old gentleman with a date of injury of 03/21/2011. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 02/13/2015 and 02/19/2015 and a supplemental letter dated 02/13/2015 indicated the worker was experiencing severe hip pain and experiencing lower back pain that went into the buttocks and down the leg with weakness. Documented examinations described tenderness in the mid-back with spasm, positive testing involving raising the straightened right leg, tenderness in the right knee joint line, and decreased sensation following the paths of the right L4-S1 spinal nerves. The submitted and reviewed documentation concluded the worker was suffering from lumbar radiculopathy, right sacroiliac joint dysfunction, right facet arthropathy, right knee medial meniscal tear, and right hip osteoarthritis. Treatment recommendations included oral and injected medications, continued home exercise program, moist heat, a urinary drug screen, and follow up care. A Utilization Review decision was rendered on 02/23/2015.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Steroid joint injection with fluoroscopic guidance for the right hip: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Anderson BC, et al. Trochanteric bursitis. Topic 7760, version 11.0. UpToDate, accessed 01/02/2015.

Decision rationale: The MTUS Guidelines are silent on this issue in this clinical situation. The trochanteric bursa is a lubricating sac in the hip joint. Swelling in this sac is among the most common causes of hip pain. The goals of treatment are to decrease the swelling of the sac, improve the ability to walk normally, and prevent the swelling from coming back. The literature supports treatment during the early phases of this condition with heat then specific stretching exercises, a non-steroidal anti-inflammatory drug, activity and posture modification, and avoiding direct pressure on the bursa. Treatment with injected medications is reserved for when the cause of the bursitis cannot be identified and symptoms have failed to respond to conservative management or there is such severe pain in the initial stage that both sleep and activity are dramatically limited. The submitted and reviewed documentation indicated the worker was experiencing severe hip pain and experiencing lower back pain that went into the buttocks and down the leg with weakness. The recorded hip pain assessment was limited. However, the documentation suggests the hip pain had recently become severe, had not responded to treatments directed at relief of the assumed flare of radiculopathy, and was now significantly interfering with the worker's function. In the light of this supportive evidence, the current request for steroids injected into the right hip using fluoroscopic guidance is medically reasonable.